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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/602,187	06/24/2003	Ross Cutler	302973.1	1028
7590	03/06/2008			EXAMINER
Katrina A. Lyon LYON & HARR, LLP Suite 800 300 Esplanade Drive Oxnard, CA 93036				PETERSON, CHRISTOPHER K
			ART UNIT	PAPER NUMBER
			2622	
			MAIL DATE	DELIVERY MODE
			03/06/2008	PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Interview Summary</b>	Application No.	Applicant(s)
	10/602,187	CUTLER, ROSS
Examiner	Art Unit	
Christopher K. Peterson	2622	

All participants (applicant, applicant's representative, PTO personnel):

(1) Christopher K. Peterson. (3) Tim Henn.  
 (2) Katrina Lyon. (4) \_\_\_\_\_.

Date of Interview: 20 February 2008.

Type: a) Telephonic b) Video Conference  
 c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.  
 If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1, 15 and 22.

Identification of prior art discussed: \_\_\_\_\_.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Discussed proposed amendment to claims 1, 15, and 22 and discussed the objections to the claims and drawing 3.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an attachment to a signed Office action.



Examiner's signature, if required